



Appendix C

Sample Forms



Appendix C Contents:

Forms marked with an asterisk (*) are approved for use in IHS medical records. If you wish to use these forms in the medical record, follow your local policy for approval.

1. CMS Form 1500 “Health Insurance Claim Form”

Form also available at: www.cms.hhs.gov/home/medicare.asp (click on “Medicare”, click on “CMS Forms” under “Medicare–General Information”, click on “CMS Forms” on the sidebar, and scroll to “CMS 1500”).

2. IHS MNT Referral Form (with space to document labs)*

Form also available at: www.ihs.gov/medicalprograms/diabetes (click on “Nutrition” and select “Sample IHS Referral Form (w/space to document labs) for Diabetes Patients”).

3. ADA and AADE Diabetes Services Order Form (for DSMT and MNT services)

Form also available at: www.eatright.org (click on “Advocacy and the Profession”, click on “Medical Nutrition Therapy”, click on “ADA and AADE Medicare diabetes services order form and backgrounder information for physicians”, and click on “Diabetes Services Order Form–11/22/05 (pdf)”).

4. ADA Nutrition Progress Notes Form

Form also available at: www.eatright.org.

5. MNT Super Bill (Medicare MNT Charge and Billing Form)–Sample #1

Form also available at: www.ihs.gov/medicalprograms/diabetes under Nutrition .

6. MNT Super Bill (Medicare MNT Charge and Billing Form)–Sample #2

Form also available at: www.ihs.gov/medicalprograms/diabetes (click on “Nutrition” and select “Sample Medicare MNT Charge/Billing Form”).

7. Third Party Reimbursement Tracking Form and Instructions

Form also available at: www.eatright.org.

8. IHS PCC+ MNT Diabetes Template*

Form also available at: www.ihs.gov/medicalprograms/diabetes (click on “Nutrition”, click on “IHS Diabetes PCC+ Templates” under “Nutrition Links”, and select “MNT Diabetes Template”).



(Appendix C Contents –continued)

9. IHS PCC+ MNT Kidney Template*

Form also available at: www.ihs.gov/medicalprograms/diabetes (click on “Nutrition”, click on “IHS Diabetes PCC+ Templates” under “Nutrition Links”, and select “MNT Kidney Template”).

10. PCC Ambulatory Encounter Record*

Form also available from your health director, administrator, or other leaders in your health care facility.